

The Physician's BOOKSHELF



THE PSYCHOLOGICAL ASPECTS OF DIABETES Or How To Live In Emotional Balance With Diabetes—Harold Geist, Ph.D., Consulting Psychologist, Berkeley, Calif.; with a foreword by Mary B. Olney, M.D., Executive Director, Bearskin Meadow Diabetic Camp, Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Ill., 1964. 81 pages, \$4.75.

This small monograph written by a consulting psychologist is intended to provide "... psychological information for the assistance of all those involved with the disorder." It is also aimed at the patient since it contains "suggestions for helping the patient in overcoming emotional problems." The language of the book is nonmedical and should be understandable by well educated lay people, at least those who are well oriented in modern psychological terminology. Presentation of the psychological problems of the patient with diabetes is well done and there are many helpful suggestions for dealing with the patients having these problems. Suitable emphasis is placed on the frequency of aberrant behavior resulting from the life-long adjustment facing the patient with diabetes.

The introductory chapter dealing with the physiological and medical aspects of diabetes is superficial and in fact several erroneous statements are included. For instance, the statement is made "Since the muscles live in sugar, exercise helps them utilize it." Modern research has revealed that muscles live chiefly on fat. The point the author is making that exercise is helpful and important and generally increases utilization of sugar is true. Another concept long ago disproved that "diabetes tends to occur at a younger age in each generation" should not appear in a book published in 1964. It might have been better had the author omitted physiological and medical information about which he may not be qualified to write.

The last section entitled Miscellaneous Problems also contains several statements which would be challenged by many experts. For instance it is said that "... of the middle-aged diabetics, about 25 per cent require insulin treatment and the rest can be managed with the oral medications." Another statement which would be widely disputed is "... with well-controlled diabetic women without complications, the loss is only about 6 per cent"—this referring to the fetal loss in diabetic pregnancies from the sixth month to the second day after birth. In fact the lowest fetal loss is in the range of 10-15 per cent and this may be as high as 35-40 per cent. The statement in regard to fat atrophy that "atrophy and hypertrophy are minimized by ... not refrigerating the insulin" has certainly not gained very wide acceptance.

In discussing future research mention is made of only one of the three presently available sulfonylureas and this by the trade name. The discussion of research is superficial and parochial.

In conclusion the main purpose of the book to give an orientation to psychological problems of the diabetic is well presented. The book contains so much misinformation and superficial discussions of modern physiology and pathology related to diabetes that this reviewer is not sure how it weighs in the balance.

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LEUKEMIA—Second Edition, Revised and Enlarged—William Dameshek, M.D., Professor of Medicine, Tufts University School of Medicine; Senior Physician and Director, Blood Research Laboratory, New England Center Hospital, Boston; and Frederick Gunz, M.D., Ph.D., Hematologist, North Canterbury Hospital Board; Director, Cytogenetics Unit, Christchurch Hospital, Christchurch, New Zealand; Late Research Fellow in Hematology, New England Center Hospital, Boston. Grune & Stratton, Inc., New York and London, 1964. 594 pages, \$25.00.

This new edition is in general similar to the 1958 edition, updated with a thousand new references, chiefly before 1962. The basic knowledge of the disease is reviewed and recent findings and concepts are introduced, e.g. chromosomal abnormalities, thymus-lymphocyte relationships. There are lengthy sections on the clinical aspects and treatment, and a few pages on What to Tell the Patient which should be read by all who treat individuals with this disease.

This is probably the best book available on the subject, based on the extensive experience of the authors, flavored with some of their own ideas such as "immunocyte," "lymphoproliferative disease," etc.

The index is inadequate; Downs' syndrome and Burkitt "lymphoma" mentioned in the Preface are not to be found. This is primarily a reference volume; the defect in the index will offer some difficulty.

The black and white illustrations and diagrams are for the most part excellent. The color plates, on the other hand, add little more than cost to the volume, almost out of reach for the hematologist, internist, pathologist and investigator for whom it is intended.

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MODERN TREATMENT—Volume 1, Number 1, January 1964. Treatment of Renal Disease, by E. Lovell Becker, M.D., Guest Editor; Treatment of Thyroid Disease, by Edward A. Carr, Jr., M.D., Guest Editor. Harper & Row, Publishers (Hoeber Medical Division), New York, 1964. Bimonthly publication, by subscription only; 6 books a year; \$16.00 per year (laminated paperback); 228 pages.

This is the first issue of a bimonthly publication whose stated purpose is that "it will provide, for the first time, on a continuing basis, the detailed information the physician needs to make the wisest decisions on treatment once he has reached a firm diagnosis." It is planned to have each issue deal with one or two areas of clinical interest.

This first number presents two series of articles dealing at equal length with renal disease and with thyroid disease. The contributors are distinguished physicians from a number of medical centers in the East, South and Midwest. Each covers an assigned field to the end that there is a minimum of overlapping. The approach to the discussions of therapy is physiologic with each of the authors presenting enough of the rationale for the procedures recommended to keep the reader from feeling that he is being given arbitrary dicta.

Not all the authors confine themselves to discussion of treatment. For example, Dr. George E. Schreiner whose contributions in the field of renal disease are widely recognized and appreciated has written an article of eighteen pages on chronic renal failure, five and half of which consist of a table